

28th January, 1909.

To the Chairman and Members of

The Bideford Rural District Council.

Gentlemen,—

I have the honour to submit for your consideration the following Report upon the progress of the work carried on during the year ending December 31st, 1908, and also upon the sanitary condition of the area over which your Council exercises supervision, together with certain tabular statements relative thereto.

In addition to the interval since my election on the 16th of June, 1908, the Report comprises a summary of the work performed by the late Dr. E. W. Emtage during the preceding months of the year.

Physical features and character of the District.

The District is situated in the western extremity of North Devon, and has somewhat the shape of an irregular oblong with its greatest length running east and west. It is limited by the Districts of Northam, Bideford Urban, Torrington on the east, and adjoins Holsworthy Union and Cornwall on the south. With Hartland Point at the angle, the northern and western boundaries are exposed to the storm and swell of the Atlantic, and present a rugged coast-line with deep clefts and grand cliff scenery, extending approximately twenty-one miles. The total area contains 5377½ acres, or 84 square miles, composed of tracts of moorland, of arable land and pasture. The surface is uneven and hilly, rising in some places to heights ranging from 600 to over 700 ft. above ordnance datum. The soil is chiefly clay and moderately fertile, the climate is comparatively humid, with frequent mists, but on the whole, the air is clear and bracing.

General Condition of Population.

There are few resident proprietors or country seats, the bulk of the population consisting of tenant farmers and of working classes employed principally on the land. The life of the wage earner is a healthy one, his tastes are simple, and degraded poverty is unknown.

Occupations of inhabitants.

Although agriculture is the chief occupation, a proportion of the inhabitants of Clovelly and Bucks Mills engage in the fishing industry, but the latter is not followed to the same extent as in former years.

House Accommodation.

The population of the District as ascertained at the census of 1901 was 6400, the number of inhabited houses 1415, with an average of 4·5 persons per house. Many of the dwellings are isolated, others are grouped in hamlets and villages. The largest village has a population of about 700. I have made systematic inspection of the District, including house to house visitation in several parts. Speaking generally, I have found that the cottages occupied by the working classes are old and out of date and much restricted in accommodation. Light and insolation are reduced to a minimum by windows of inadequate size. Ventilation of the houses does not receive the careful attention it demands; this is contributed to, by an absence of fireplaces in the majority of sleeping apartments, but, no doubt, is due more particularly to a lack of knowledge of the immense value of a continual supply of fresh air in the maintenance, and in the restoration of health. With few exceptions, the surroundings of the houses are kept as clean as existing conditions permit. Sixteen dwelling houses have been

cleaned and whitewashed, fifty-seven notices for the removal of house refuse have been issued, ten new drains constructed and twelve old drains repaired. Three serious nuisances were abated.

In the course of the year attention has been directed to two cases of overcrowding of dwellings. The necessary measures were adopted, and in each case the insanitary condition was remedied. There is no redundancy of cottages in the neighbourhood, consequently the inability to find accommodation for the ejected renders it impracticable to deal with any but the most glaring cases.

A boon to the District would be the erection of modern houses within the means of those earning from twelve to fourteen shillings a week. Therein is propounded a knotty problem. Expense proves an insurmountable obstacle to the erection of houses to meet such incomes. The cost is emphasised, in our case, by the absence of railway accommodation, and the consequent necessity of being compelled to convey building materials vast distances by road.

Byelaws with respect to new buildings are in force throughout the District. Plans for the erection of new dwelling houses are submitted for the sanction of a Committee appointed by the Council, and during the progress of building, frequent inspections are made by the Sanitary Inspector and by the M.O.H. with the object of ascertaining that the work is being carried out in accordance with the byelaws.

Water-supply.

The inhabitants of the District derive their supply of water for drinking and for household purposes, chiefly from shallow wells, public and private. In some cases the water is raised by a pump, but dipping wells largely abound. Constant supervision is exercised over these sources of water supply, and when deemed necessary, means are adopted to maintain the wholesomeness of the water by investigation of all possible sources of pollution and by chemical analysis. During the year, eight samples of drinking water were submitted for examination; five of which were found to be contaminated. In one instance the source was abandoned, and a new supply obtained, in three, repair of the well remedied the condition, and one remains in abeyance. In 1908, four new wells were sunk, whilst five old ones were cleaned, protected, and had a pump fixed. In no case has there been evidence of lead impurity, nor has information been received of clinical symptoms having originated as the result of drinking water contaminated by lead.

Some of the residents in Abbotsham obtain water from public mains, leading from Melbury reservoir, the property of the Northam Urban District. Pumps under public control are maintained in several villages—Monkleigh, Woolfardisworthy, Buckland Brewer, Abbotsham, and Parkham. There are small storage reservoirs in Hartland and Clovelly from which the water, by gravitation, is brought in pipes, to which taps are adapted.

With the exception of the period extending over the second and third weeks in August, there was no severe scarcity of water throughout the District. As mentioned in my monthly report for September, the distress caused in rural areas by a shortage of water, during dry seasons, would be considerably alleviated if it were the rule to collect and carefully store rain water descending from the roofs of suitable buildings.

The following is the total rainfall recorded at Hartland and Melbury respectively during 1908.

Hartland, 28·83 inches; Melbury, 41·115 inches.

The lowest rainfall was recorded in June, and the greatest in December. The corresponding totals for 1907 are, Hartland, 35·54 inches; Melbury, 50·37.

Milk supply—Dairies and Cowsheds.

There are twelve registered dairymen in the District. Six of these send milk out of the District, viz. to the town of Bideford, where it is sold retail, the others do not send milk away, but supply those living in the immediate vicinity. There are no retail milkshops.

The cowsheds and dairies are frequently visited and inspected by the Inspector of Nuisances and by the M.O.H. Regulations with regard to those places came into force in this District on the 21st day of February, 1908. All the present buildings were constructed and in use before the date named. This is a District in which cows are turned out during part of every day throughout the year. With one exception, none of the existing dairies and cowsheds can be classed as modern, but upon the occasion of every visit of inspection, all have been found clean and as satisfactory as pertaining circumstances allow. Any apparent lapse is probably due to insufficient understanding of what is desired, and not to wilful evasion of the regulations. On an early date, I propose issuing to cowkeepers a few suggestions which I hope will prove helpful, on the practice of sanitation in their important calling.

There is no provision within the District for the veterinary inspection of milch cows, nor for the bacteriological examination of milk.

With the view of acquainting cowkeepers not on the register, of the necessity for registration, I would suggest that their attention be drawn to the fact through the medium of placards or periodical notices in the local newspapers.

Slaughter-houses.

Careful attention is invariably given to the condition of the slaughter houses in the District. They are ten in number. Very frequent inspections are made by the M.O.H. and by the Sanitary Inspector, and upon each visit, they have been found, to be well looked after and satisfactorily cleansed. No evidence of diseased meat has been discovered.

Sewerage and drainage.

There are public sewers under the care of contractors in Hartland and the several villages of Abbotsham, Clovelly, Woolsery, and Buckleigh.

Laundry waste water is conducted into the sewer at Buckleigh, and ultimately finds an outlet in a field, over which it is irrigated and disposed of without any nuisance arising. The method in use is found to be more satisfactory and effectual than that previously practised—of running the trade effluent into a masonry tank, and there treating it with chemicals. The present manner of disposal was adopted in January 1908, as the outcome of complaints that the plan formerly employed gave rise to a nuisance and to pollution of a stream in the Northam District.

The sewage at Clovelly is disposed of by an outfall to the sea. In all the other villages the sewers empty into cesspools. These are

periodically cleaned out, and the contents distributed over the adjacent land. To empty them by means of a fixed pump would be a more sanitary procedure than the present practice of using hand buckets for that purpose. The position of the cesspools is such as to eliminate as far as possible any risk of contamination of the water to be ultimately taken from the wells in the neighbourhood.

Care is taken that the drains of private houses are not allowed to menace the public health; immediate attention being given upon receipt of any notice embodying complaint.

The smoke test is applied when a defect is suspected.

The drainage scheme of Back Street, Woolfardisworthy, was completed in the early part of 1908. This consisted of the substitution of a pipe drain with inlets, for an old stone drain which allowed slop waters thrown into it to stagnate and to permeate the surrounding soil.

There is no knowledge of pollution of any of the streams of the District by reason of sewage matters finding access thereto.

There are comparatively few water closets in the entire area, with the single exception of the village of Clovelly, where admirable advantage has been taken of its situation and plenitude of water to instal a water carriage system. Privies are the usual excrement receptacles the contents of which are ultimately conveyed direct to the land by individual householders. Eight new closets have been built in the course of the year, and seven old ones re-constructed. The house refuse in Clovelly is removed weekly in the winter, and tri-weekly during the summer months by a paid contractor and deposited upon a "shoot" which is conveniently placed, and gives rise to no offence. In the remaining parts of this rural district it is generally found that occupiers can effectually dispose of their house refuse by incorporating it with the soil.

There are no offensive trades carried on within the District; neither are there any common lodging houses.

Schools.

The aggregate of Public Elementary Schools is seventeen. In no single instance is the fabric of recent date, consequently the structural conditions do not fully realise the attainment of the ideal of hygienic environment. On the occasion of each visit I have found that due attention was paid to ventilation and warming. As frequent cleansing of the school rooms is of prime importance in maintaining the health of the scholars, it is eminently desirable that this matter should be carried out systematically and thoroughly. In the process, not the floors only, but the walls, recesses, and ledges upon which dust accumulates should receive particular care. Ampler facilities for hand washing would constitute an additional improvement.

Throughout the year it was not found necessary to close any of the schools on account of illness among the scholars, with the sole exception of Hartland School in which work was suspended from the 20th to the 30th of March, or six school days, on account of the prevalence of Influenza.

To guard against the risk of a spread of Scarletina, four children on the advice of the Medical Officer of Health were excluded from Hartland School for a period of five days, and two for the more lengthy interval of three weeks.

The water supply of all the schools is obtained from shallow wells.

The water at Elmscott and Thornhill Schools showed evidences of pollution on account of contaminated water finding entrance. In both cases the defects have been remedied.

During five months, practically, a shortage of water was experienced at Elmscott and Hartland. To a certain extent this was due to the provision made for flushing closets at those schools. In that way a greater demand is necessarily made upon the available supply, hence exhaustion of the limited amount is likely to occur. With the object of increasing the yield at Hartland, the well has been sunk an additional eight feet.

The majority of the schools have had a water carriage system installed, in the remainder the pail system is in vogue.

In pursuance of Section 13 of The Education (Administrative Provisions) Act 1907 arrangements to carry out the medical inspection of school children in the County of Devon are now in working order. This legislation is a development of previous powers exercised by Sanitary Authorities under Public Health Acts. Clearly recognising their inseparable connection, the aim is mental and moral improvement, as the natural outcome of physical improvement. The control of the health of a child is focussed in the home, therefore the most important of the many considerations involved in the attainment of physical improvement is the intelligent appreciation of the few, but essential principles which form the basis of a healthy life.

Vital Statistics.

Table I gives the Vital Statistics of the whole District during 1908, and ten previous years.

In Table II are recorded the statistics of the subdistricts of Hartland, Parkham, Putford, and of the parishes of Abbotsham and Littleham, including that of Landcross.

BIRTHS.—The births of 66 males and 56 females were registered during 1908 in the several parishes composing the District—122 in all, or 22 less than during 1907. This represents a birth rate of 19·06 per thousand of the estimated population.

As will be seen from Table I, a lower birth rate is not recorded during any of the ten years for which returns are given. Although some of the successive years from 1898 inclusive show a slight increase on the one immediately preceding, the birth rate during those years exhibits a persistent downward tendency.

For comparison the following table is given.

Birth rate per thousand population.			
Of District in 1908	Average of District for preceding 5 years—1903-07	Nth. Devon 1907	England and Wales 1907
19·06	23	19·7	26·3

The distribution of the births in the various localities is as follows:

Locality	Number	Rate per 1,000
Hartland	67	21·9
Parkham	32	15·1
Abbotsham	8	17·7
Putford	9	21·4
Littleham	6	16·6

DEATHS.—The deaths registered number 72 (or 2 less than in 1907), which is equivalent to a death rate of 11·25 per 1,000 of the population. The average death rate of the District for the group of years 1903-07 is 11·6 per 1,000. That given for North Devon in 1907 is 14·3 and that for England and Wales in 1907 is 15. The distribution of deaths in the separate localities is given in Table II. The effective increase during 1908 is 50, that is the excess of births

over deaths. The increase in 1907 was 70.

Excluding twelve deaths under the age of one year, over 51 per cent of the deaths recorded, are those of persons who had attained ages ranging from sixty-five years and upwards. Of the 31 deaths occurring at the age period mentioned, ten died between the ages of 65 and 70, fourteen between 70 and 80, and seven from 80 to 90.

The causes to which the various deaths were ascribed and a classification according to age and distribution are shown in Table IV.

Zymotic Death Rate.

One death only was recorded as having resulted from zymotic disease viz. Scarlet Fever. This represents a zymotic death rate of ·15 or two-thirds less than during 1907.

The rate for the preceding four years is subjoined.

1904	1905	1906	1907	1908
·3	·6	1·09	·46	·15

Infantile Mortality

The rate of infantile mortality, that is the number of infants dying under one year per 1,000 registered births is 98·3. The actual number is 12 (or 16 per cent of the total deaths).

The rate is less favourable than that of 1907 which was 90·3. In the ten years from 1898 inclusive, the average rate of infant mortality corresponds to 86·4 and during the same decade the present rate has been exceeded only once—that was in the year 1899 (Vide Table I, column 6.)

The registered causes of and ages at death are enumerated in Table V. The ages of two infants are given as 12 hours respectively, eight others died under the age of one month, and the remaining two at the respective ages of eleven weeks and two months. It will be seen therefore that all died under the age of three months.

The Notification of Births Act, 1907 is not in force within the District.

Prevalence of Disease.

The salient feature of the past year was the remarkable freedom from widely spread or serious illness throughout the whole District.

Under the Infectious Disease (Notification) Act, 1889, there have been reported 6 cases of Erysipelas, 6 of Scarlet Fever, 1 of Puerperal Fever, and one of Diphtheria—14 in all. This number compares favourably with the three preceding years as the following table shows.

	1905	1906	1907	1908
Scarlet Fever	21	9	7	6
Diphtheria	4	2	5	1
Erysipelas	4	5	2	6
Puerperal Fever	5	3	0	1
Enteric Fever	0	0	1	0
Total	34	19	15	14

Reference to Table III will show the number of notified cases classified according to age and distribution.

SCARLET FEVER.—During February and March four cases, all of which recovered, were reported from Littleham, the age period being 15 to 25 years. Three of those attacked were members of the same family. In September, two notifications were received from Hartland. One patient under the age of five years died as a result of the illness.

DIPHTHERIA.—One case in June was the only one notified during 1908 in comparison with five in 1907. The illness had a favourable termination. No history of a pre-existing case in the neighbourhood could be elicited.

ERYSIPELAS.—The six notified attacks occurred in Hartland Parish. All were mild types of the disease.

PUERPERAL FEVER.—One case which terminated in death was reported. There are, at present, four trained maternity nurses working in seven parishes in the District. Their practice and influence among the people cannot but have a beneficial influence in reducing the frequency of the various disorders attendant on child-birth.

ENTERIC FEVER.—No attacks have been recorded. Last year there was one. Particularly in towns, Enteric or Typhoid Fever is generally considered the criterion of the sanitary condition of an area. Although our rural surroundings may seem to confer upon us a natural protection, so to speak, from an extensive outbreak of the disease, it should always be remembered that *because* of our more or less isolated position our machinery for dispelling the complaint might not prove so effective as in more susceptible, because more crowded, communities. Our policy therefore must be prevention. Unpaved and improperly cleansed yards, refuse heaps, drainage defects and neglected closets are among the recognised factors in keeping active the germ which propagates typhoid fever. These conditions favour the soakage of polluting matters into the soil adjacent to houses, and these agents of pollution frequently find entrance to the source from which drinking water is derived.

It would cause great satisfaction to your Medical Officer of Health if those in any doubt as to the sanitary circumstances of their houses, or who distrust the purity of their drinking water, would more frequently avail themselves of his readiness to give assistance and as much helpful advice as lies within his power.

Upon receipt of an intimation of the occurrence of a notifiable disease the M.O.H. without delay visits the place of outbreak and, with the object of preventing its spread, he endeavours to ascertain the probable source of infection, he gives general instructions as to the isolation of the patient, and, when necessary, controls the attendance at school of children in the affected area. The Sanitary Inspector supplies disinfectants at the expense of the Authority; and he examines the surroundings to see that no filth nuisance exists, at the same time taking into account the possibility of drainage defects, and reports the results of his inspection to the Medical Officer of Health.

At the termination of the illness the Inspector fumigates the sick room with "Formalin" vapour. Cleaning and limewashing of the infected rooms are enjoined. There is no fixed disinfecting apparatus, but articles which cannot be satisfactorily treated are burned and replaced by the Sanitary Authority. There is no isolation hospital in the District. The usefulness of a single hospital would be lessened, to some extent, on account of the large area to be served.

CHICKEN-POX.—A mild and limited outbreak of this illness occurred in Clovelly in May. It was of short duration and had no serious consequences.

WHOOPING COUGH AND MEASLES.—As far as can be ascertained neither has existed in the District during 1908.

DIARRHOEA.—This complaint has been absent to a marked degree. It is noteworthy that no single death has been ascribed to the ailment in the course of the year under review. The incidence of Diarrhoea, like that of Whooping Cough and Measles, falls particularly upon

infants and young children, and their absence from a District considerably reduces the zymotic death rate as is the case in the present instance.

In 1907 the zymotic deathrate was raised by three deaths having resulted from Whooping Cough whilst during 1906 it was swelled still more by four deaths having been due to Measles.

INFLUENZA.—This infectious disorder assumed epidemic form in the period extending over March and April. Two deaths are recorded as having been due primarily to influenza during those two months.

PHTHISIS.—accounted for six deaths in 1908, or two more than during 1907. Hitherto, no system of notification has been in force within our District. From January 1st, 1909, administrative action in regard to the prevention of Tuberculosis has been extended by the issue of an Order by the Local Government Board in virtue of which cases of lung tuberculosis occurring amongst persons under the care of District Medical Officers or amongst inmates of a Poor Law Institution are now notifiable to the Medical Officer of Health of the particular area concerned. Some special powers are entrusted to Sanitary Authorities for the purpose of preventing the spread of infection from pulmonary tuberculosis.

There is no sanatorium or special hospital accommodation for incipient or advanced cases of the disease.

Cancer caused six deaths. In three the seat of disease was found in the digestive organs. In 1907 five deaths were due to the existence of cancer.

Prematurity of birth was ascribed as the cause of five of the twelve deaths under the age of one year.

Administration under Factory and Workshop Act 1901.

As in the years 1906 and 1907 there are said to be on the register one laundry and two bakehouses. The laundry is one in which mechanical power is used, and it is therefore treated as a Factory. Neither bakehouse is underground, nor is power employed; they are, in consequence, Workshops within the meaning of the Act. In one of the latter, work has been suspended for a period of several months; the other is a retail bakehouse. Ten visits have been made to the laundry and twelve to the bakehouses during 1908. On the occasion of each visit, there was found no contravention of the regulations dealing with the respective premises. There are no outworkers.

Obviously, the number of Factories and Workshops in the District is under-stated, due possibly to former misapprehension of the duties in regard to these premises. With the object of making the register as complete as possible, I shall communicate with the Factory Inspector for the Plymouth District and in addition, will continue to make inquiry in order to ascertain what workshops are situate within the District.

I have the honour to be

Mr. Chairman and Gentlemen,

Your faithful servant,

W. BETHUNE, M.O.H.

Woolfardisworthy,

Bucks Cross, S.O.,

Devon.

TABLE I.

Vital Statistics of Whole District during 1908 and previous Years.

Name of District Bideford Rural.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				TOTAL DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT.	
		Number.	Rate.*	Under 1 Year of Age.		At all Ages.					Number.	Rate.*
				Number.	Rate per 1,000 Births registered.	Number.	Rate.*					
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	6581	175	26.5	11	62.8	93	14.1				93	
1899.	6516	187	28.6	28	149.7	131	20.1				131	
1900.	6451	164	25.4	13	79.2	75	11.6				75	
1901.	6386	157	24.5	12	76.4	72	11.2				72	
1902.	6386	173	27.1	14	80.9	60	9.3				60	
1903.	6386	139	21.8	12	86.3	67	10.5				67	
1904.	6386	161	25.2	15	93.1	80	12.5				80	
1905.	6386	149	23.3	10	67.1	79	12.4				79	
1906.	6386	140	21.9	11	78.5	73	11.4			6	79	12.4
1907.	6400	144	22.5	13	90.3	74	11.56				74	
Averages for years 1898-1907.	6426.4	158.9	24.6	13.9	86.4	80.4	12.4	nil	nil	.6	81	12.5
1908.	6400	122	19.06	12	98.3	72	11.25	nil	nil	nil	72	11.25

* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

NOTE.—The deaths to be included in Column 7 of this Table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term “Non-residents” is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term “Residents” is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

The “Public institutions” to be taken into account for the purposes of these Tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses and lunatic asylums. A list of the Institutions in respect of the deaths in which corrections have been made should be given on the back of this Table.

Area of District in acres (exclusive of area covered by water). } 53775.

Total population at all ages 6400.

Number of inhabited houses 1415.

Average number of persons per house 4.5

At Census of 1901.

I. Institutions within the District receiving sick and infirm persons from outside the District.	II. Institutions outside the District receiving sick and infirm persons from the District.	III. Other Institntions, the deaths in which have been distributed among the several localities in the District.
<i>None.</i>	<i>Bideford Dispensary.</i> <i>Barnstaple Hospital.</i> <i>The Workhouse Infirmary</i> <i>Bideford.</i>	

Is the Union Workhouse within the District ? *No.*

TABLE II.

Vital Statistics of separate Localities in 1908 and previous years.

Name of District Bridgford Rural.

Year.	1. <u>Wheale District</u>				2. <u>Hartland</u>				3. <u>Landfrane</u>				4. <u>Albottsham</u>				5. <u>Putford</u>				6. <u>Littleham</u>				7. _____			
	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.
1898	6581	175	93	11	3130	76	48	5	2170	51	28	3	475	10	3	0	442	22	11	2	364	16	3	1				
1899	6516	187	131	28	3100	94	68	13	2152	44	42	7	466	15	8	1	436	15	10	5	362	19	3	2				
1900	6451	164	75	13	3069	87	46	8	2134	46	23	2	458	9	1	0	428	9	2	1	362	13	3	2				
1901	6386	157	72	12	3039	77	39	9	2116	47	14	2	451	9	7	0	420	12	6	0	360	12	6	1				
1902	6386	173	60	14	3039	79	37	8	2116	63	18	5	451	7	2	0	420	17	2	1	360	7	1	0				
1903	6386	139	67	12	3039	64	29	4	2116	50	27	5	451	4	1	0	420	8	6	2	360	13	4	1				
1904	6386	161	80	15	3039	76	33	8	2116	58	30	5	451	3	8	0	420	12	4	1	360	12	5	1				
1905	6386	149	79	10	3039	79	39	4	2116	39	26	1	451	9	4	0	420	14	6	2	360	8	4	3				
1906	6386	140	79	11	3039	68	35	3	2116	42	27	5	451	10	7	0	420	14	6	2	360	6	4	1				
1907	6400	144	74	13	3053	75	37	8	2116	39	22	2	451	6	7	2	420	13	2	0	360	11	6	1				
Averages of Years 1898 to 1907.	6426.4	158.9	81	13.9	3058.6	77.5	41.1	7	2126.8	47.9	25.7	3.7	455.6	8.2	4.8	0.3	424.6	13.6	5.5	1.6	360.8	11.7	3.9	1.3				
	6400	122	72	12	3053	67	45	6	2116	32	21	3	451	8	2	0	420	9	3	2	360	6	1	1				

NOTES.—(a) The separate localities adopted for this table should be areas of which the populations are obtainable from the census returns, such as wards, parishes or groups of parishes, or registration sub-districts. Block 1 may, if desired, be used for the whole district: and blocks 2, 3, &c., for the several localities. In small districts without recognised divisions of known population this Table need not be filled up.

(b) Deaths of residents occurring in public institutions beyond the district are to be included in sub-columns c of this table, and those of non-residents registered in public institutions in the district excluded. (See note on Table I. as to meaning of terms "resident" and "non-resident.")

(c) Deaths of residents occurring in public institutions, whether within or without the district, are to be allotted to the respective localities according to the addresses of the deceased.

(d) Care should be taken that the gross totals of the several columns in this Table respectively equal the corresponding totals for the whole districts in Tables I. and IV.: thus, the totals of sub-columns a, b, and c should agree with the figures for the year in the columns 2, 3, and 12, respectively, of Table I.: the gross total of the sub-columns c should agree with the total of column 2 in Table IV., and the gross total of sub-columns d with the total of column 3 in Table IV.

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TABLE III.

Cases of Infectious Disease notified during the Year 1908.

Name of District Bickford Rural.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.						TOTAL CASES NOTIFIED IN EACH LOCALITY.							** NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.							
	At all Ages.	At Agest—Years.					1	2	3	4	5	6	7	1	2	3	4	5	6	7	8
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards.														Total cases removed to Hospital.
Small-pox																				
Cholera																				
Diphtheria (including Membranous group) ...	1		1						1												
Erysipelas ...	6					2			6												
Scarlet fever ...	6		1	1	4				2												
Typhus fever ...											4										
Enteric fever ...																					
Relapsing fever ...																					
Continued fever ...																					
Puerperal fever ...	1						1														
Plague ...																					
*																					
Totals	14	2	1	6	4	1	8	2			4										

NOTES.—The localities adopted for this table should be the same as those in Tables II. and IV.

State in space below the name of the isolation hospital, if any, to which residents in the district, suffering from infectious disease, are usually sent. Mark (H) the locality in which it is situated, or if not within the district, state where it is situated, and in what district. The name of the authority by whom the hospital is provided should also be given. Mark (W) the locality in which a workhouse is situated.

* This space may be used for record of other disease the notification (compulsory or voluntary) of which is in force in the district.

† These age columns for notifications should be filled up in all cases where the Medical Officer of Health, by inquiry or otherwise, has obtained the necessary information.

* * Column 8 should be filled up with the Totals of cases removed to Hospital, whether the District is divided into separate localities or consists of only one undivided area.

M. 192.

Isolation Hospital—Name and } No isolation Hospital. } Total available beds _____ . Number of Diseases that _____ can be concurrently treated }

Causes of, and Ages at, Death during Year 1908.

Name of District

Bidsford Rural

(See Notes at Back.)

CAUSES OF DEATH.	DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING IN OR BEYOND THE DISTRICT.							DEATHS AT ALL AGES OF "RESIDENTS" BELONGING TO LOCALITIES, WHETHER OCCURRING IN OR BEYOND THE DISTRICT.							TOTAL DEATHS WHETHER OF "RESIDENTS" OR "NON-RESIDENTS" IN PUBLIC INSTITUTIONS IN THE DISTRICT.
	All ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	<i>Hasland</i>	<i>Parham</i>	<i>Albatham</i>	<i>Pufford</i>	<i>Parham</i>			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Small-pox ...															
Measles ...															
Scarlet fever ...	1		1					1							
Whooping-cough ...															
Diphtheria (including Membranous croup)															
Croup ...															
{ Typhus ...															
{ Enteric ...															
{ Other continued															
Epidemic influenza ...	2					2		2							
Cholera ...															
Plague ...															
Diarrhoea. (See notes at back.)															
Enteritis. (See notes at back.)															
Puerperal fever. (See notes at back.)	1					1			1						
Erysipelas ...															
Phthisis, (Pulmonary Tuberculosis.)	6				1	4	1	5	1						
Other tuberculous diseases.	1			1				1							
Cancer, malignant disease. (See notes at back.)	6					3	3	3	3						
Bronchitis ...	4						4	1	2		1				
Pneumonia ...	3		2			1		1	2						
Pleurisy ...															
Other diseases of Respiratory organs.	1		1						1						
Alcoholism } Cirrhosis of liver }	1						1	1							
Venereal diseases ...															
Premature birth ...	5	5						1	2		2				
Diseases and accidents of parturition ...															
Heart diseases ...	9	2		1		1	5	6	2	1					
Accidents ...	2		1			1		2							
Suicides ...															
<i>Smile Decay</i>	11						11	11							
<i>Kidney & Bladder Dis.</i>	3					1	2	1	1	1					
<i>Diseases of Nervous Sys.</i>	4					1	3	4							
<i>Septic Diseases</i>	2	1				1			2						
<i>Appendicitis</i>	1					1		1							
<i>Rheumatoid Arthritis</i>	2					1	1		2						
All other causes ...	7	4	1			2		4	2			1			
All causes ...	72	12	6	2	1	20	31	45	21	2	3	1			

NOTES TO TABLES IV. AND V.

- (a) In Table IV., all deaths of "Residents" occurring in public institutions, whether within or without the district, are to be *included* with the other deaths in the columns for the several age groups (columns 2-8). They are also, in columns 9-15, to be *included* among the deaths in their respective "Localities" according to the previous addresses of the deceased as given by the Registrars. Deaths of "Non-residents" occurring in public institutions in the district are in like manner to be *excluded* from columns 2-8 and 9-15 of Table IV.
- (b) See notes on Table I. as to the meaning of "Residents" and "Non-residents," and as to the "Public Institutions" to be taken into account for the purposes of these Tables. The "Localities" in Table IV. should be the same as those in Tables II. and III.
- (c) All deaths occurring in public institutions situated within the district, whether of "Residents" or of "Non-residents," are, in addition to being dealt with as in note (a), to be entered in the last column of Table IV. The total number in this column should equal the figures for the year in column 9, Table I.
- (d) The total deaths in the several "Localities" in columns 9-15 of Table IV. should equal those for the year in the same localities in Table II., sub-columns c. The total deaths at all ages in column 2 of Table IV. should equal the gross total of columns 9-15, and the figures for the year in column 12 of Table I.
- (e) Under the heading of "Diarrhœa" are to be included deaths registered as due to Epidemic diarrhœa, Epidemic enteritis, Infective enteritis, Zymotic enteritis, Summer diarrhœa, Dysentery and Dysenteric diarrhœa, Choleraic diarrhœa, Cholera and Cholera Nostras.
- Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.
- Deaths from Enteritis, Muco-Enteritis, Gastro-Enteritis, and Gastritis (see under the heading Diarrhœal Diseases in Table V.) in Tables IV. and V. should be placed immediately below, but separately from, those enumerated under the heading Diarrhœa as defined by enumeration above. This is particularly important for deaths under one year of age, as many of the deaths in infancy returned as due to Enteritis are really caused by Epidemic Diarrhœa. In the course of years, by the adoption of this recommendation, it will be practicable to ascertain the probable amount of transfer between these different headings.
- (f) Under the headings of "Cancer" and "Puerperal fever" should be included all registered deaths from causes comprised within these general terms. Thus: Under "Cancer" should be included deaths from Cancer, Carcinoma, Malignant disease, Scirrhous, Epithelioma, Sarcoma, Villous tumour, and Papilloma of bladder, Rodent ulcer. Under "Puerperal Fever" are to be included deaths from Pyæmia, Septicæmia, Sapræmia, Pelvic peritonitis, Peri- and Endo-Metritis occurring in the Puerperium.
- (g) Under "Congenital Defects" in Table V. are to be included deaths from Atelectasis, Icterus neonatorum, Navel hæmorrhage, Malformations and Congenital hydrocephalus.
- (h) Under "Tuberculous Meningitis" are to be included deaths from Acute hydrocephalus.
- (i) Under "Other Tuberculous Diseases" are to be included deaths from Tuberculosis, Tuberculosis of bones, joints and other organs, Lupus and Scrofula.
- (j) All deaths certified by registered Medical Practitioners and all Inquest cases are to be classed as "Certified"; all other deaths are to be regarded as "Uncertified."

In recording the facts under the various headings of Tables I., II., III., IV. and V., attention has been given to the notes on the Tables.

W. Brehme, Medical Officer of Health.

Date 28th January 1909.

Table V.

V.

Bidsford Rural

~~Borough~~
District.

INFANTILE MORTALITY DURING THE YEAR 1908.

Deaths from stated Causes in Weeks and Months under One Year of Age.

(See Notes at back of Table IV.)

CAUSE OF DEATH.		Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
All Causes.	Certified	6	1	1	2	10	2											12
	Uncertified																	
i. Common Infectious Diseases.	Small-pox																	
	Chicken-pox																	
	Measles																	
	Scarlet Fever																	
	Diphtheria (including Membranous Croup) }																	
ii. Diarrhoeal Diseases. (See Notes to Table IV.)	Whooping Cough ...																	
	Diarrhoea, all form ...																	
	Enteritis, Muco-enteritis, } Gastro-enteritis }																	
iii. Wasting Diseases.	Gastritis, Gastro-intestinal Catarrh }																	
	Premature Birth	1		1	1	3	2											5
	Congenital Defects (See Notes to Table IV.)	1				1												1
	Injury at Birth																	
	Want of Breast-milk, } Starvation }																	
iv. Tuberculous Diseases.	Atrophy, Debility, } Marasmus }		1			1												1
	Tuberculous Meningitis... (See Notes to Table IV.)																	
	Tuberculous Peritonitis: } Tabes Mesenterica }																	
	Other Tuberculous Diseases } (See Notes to Table IV.)																	
v. Other Causes.	Erysipelas																	
	Syphilis																	
	Rickets																	
	Meningitis(not Tuberculous)																	
	Convulsions	1				1												1
	Bronchitis... ..																	
	Laryngitis... ..																	
	Pneumonia																	
	Suffocation, overlying ...																	
	Other Causes	3			1	4												4
		6	1	1	2	10	2											12

District (or sub-division) of _____

Population. 1400
Estimated to middle of 1908

Births in the year { legitimate 115
illegitimate 7

Deaths in the year of { legitimate infants 12
illegitimate infants None

Deaths from all Causes at all Ages 72

